

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584012

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		1				
6		0				
7	1					
8		1				
9		2				
10		0				
11		0				
12		1				
13	1					
14		1				
15		1				
16		3				
17		0				
18	1					
19		1				
20		1				
21		3				
22		0				
23		0				
24	1					
25		1				
26		2				
27		0				
28	1					
29		1				
30		2				
31		0				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						